Before the
Federal Communications Commission
Washington DC 20554

In the Matter of:	)	
Twenty-First Century Communications and	)	DA/FCC No. DA-26-193
Video Accessibility Act (CVAA) Biennial	)	
Report to Congress[1]	)	Docket No.10-213
	)	

COMMENTS OF WIRED BROADBAND, INC.

ON BEHALF OF AMERICANS INJURED AND DISABLED

FROM ELECTROMAGNETIC RADIATION

(ELECTROMAGNETIC RADIATION SYNDROME – EMR-SYNDROME)

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FILING PARTIES

The parties listed in Attachment 2 (attached hereto and incorporated herein by this reference) collectively constitute the "Filing Parties," have granted permission to submit these Comments on their behalf, and join together to submit these Comments.

[1] https://www.fcc.gov/document/cgb-seeks-comment-2026-cvaa-biennial-report-congress.

I. Executive Summary

The FCC seeks comment on "the current level of compliance with sections 255 and 716 to make telecommunications and advanced communication services and equipment accessible to and usable by people with disabilities." We submit the following:

1. The FCC has failed to recognize electromagnetic radiation syndrome as a disability, as many other federal agencies and the WHO (through its ICd COD ICD coding) have already done.
2. The FCC should correct course and immediately recognize EMR-S as a disability.
3. Through its unfettered promotion of wireless technologies, which enjoy a liability shield and a government-granted oligopoly, the FCC is failing to ensure that EMR-S disabled persons have access to telecommunications and advanced communication services.
4. In order to ensure that EMR-S disabled persons have access to telecommunications and advanced communications technologies, the FCC should a) ensure that wired connectivity is widely and readily available for all fixed communications purposes and b) wireless technology equipment and service providers are encouraged and incentivized to make their products as safe as possible.
5. Even if the FCC does not comply with our requests set out herein above and below, it should include in its biennial report under the Twenty-First Century Communications and Video Accessibility Act, the fact that the Filing Parties have submitted these comments (repeatedly in a number of dockets) and the FCC's reasoned explanation for repeatedly ignoring these comments and ignoring the millions of Americans disabled by the FCC's abuse of regulatory power.

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III. About the Filing Parties

2. Wired Broadband, Inc., on behalf of Americans injured or disabled by electromagnetic radiation, those who do not want to be injured or disabled by electromagnetic radiation, and the Filing Parties set forth in Attachment 2, respectfully submit these comments. The Filing Parties and coalition partner groups have a reach of over two million Americans across the country. We advocate for the safe deployment of communications infrastructure.

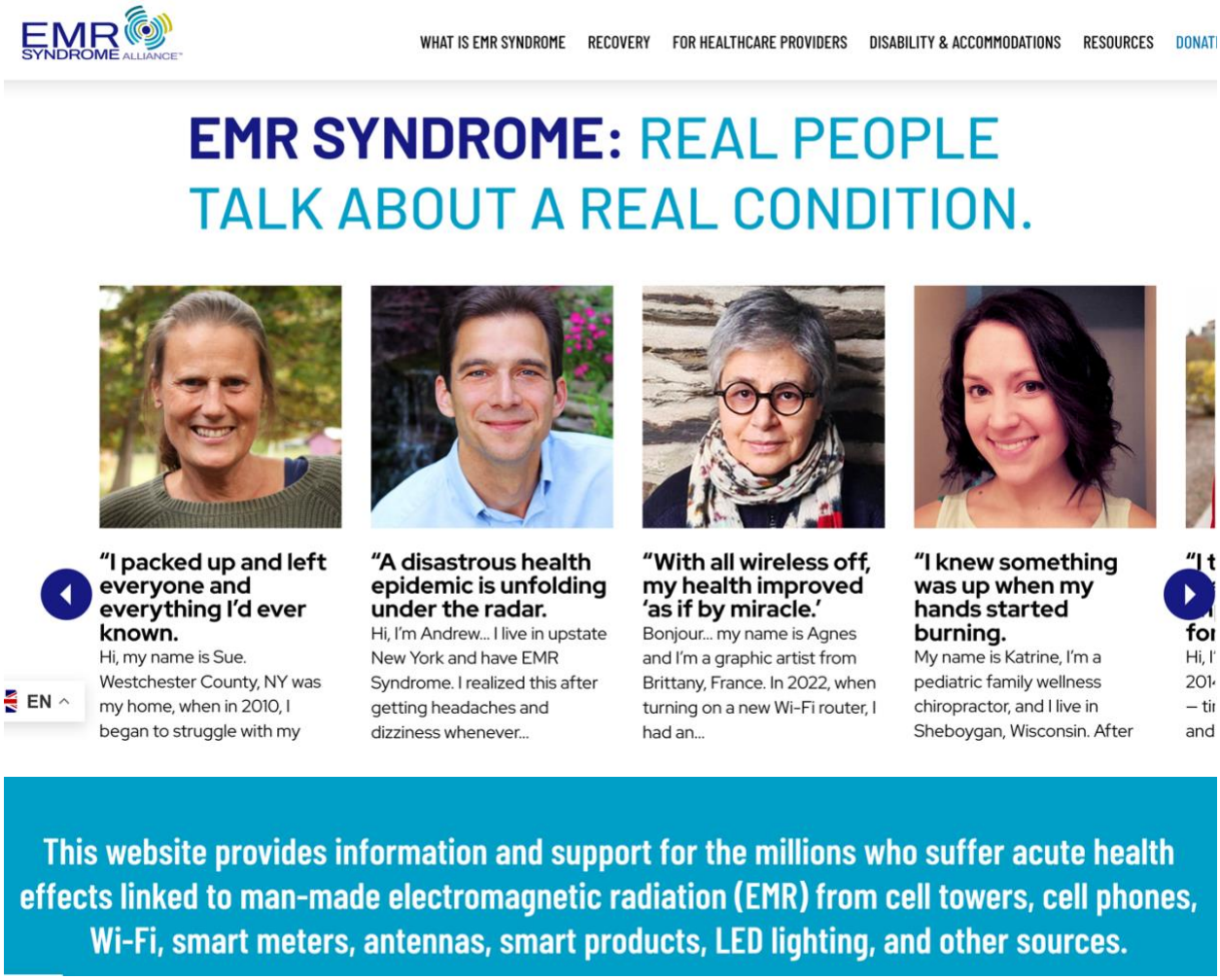
IV. Advanced Technologies Not Accessible to Those With EMR-Syndrome

3. The purpose of the CVAA is "to help ensure that individuals with disabilities are able to fully utilize communications services and equipment and better access video programming." To that end, the CVAA requires that the Commission report on industry compliance with the following accessibility-related provisions of the Act. However, if the advanced technologies are wireless, then they are not accessible to those with EMR-Syndrome; only if they are wired may they be accessible.
4. Sections 255, 716 and 718 also require that covered services and equipment are "usable" by people with disabilities.

   48 -- 47 U.S.C. §§ 255, 617, 619.
5. The FCC is seeking comment on (1) compliance with statutory mandates for telecommunications and advanced communications services (ACS), equipment used with these services, and Internet browsers built into mobile phones, to be accessible to and usable by people with disabilities; and (2) on the extent that accessibility barriers still exist with respect to new communications technologies and the effect of CVAA recordkeeping and

enforcement requirements on the development and deployment of new communications technologies.[2]

V. Who are Those Disabled by EMR Syndrome?



- **Understanding Involuntary Exposure and Disability Symptoms**

Exposure comes from involuntary exposure to cell towers, wireless antennas, "smart" meters, cell phones, Wi-Fi. Radiation can emanate from within the premises of a home, structure or facility, or from outside that, if close enough, will affect the livability and safety of the premises,

[2] *Id*.

e.g., an adjacent apartment using Wi-Fi, near an elevator shaft where people are using their cell phones with radiation penetrating through adjacent apartments, facing a cell tower or wireless antenna or a top floor apartment with a rooftop antenna directly overhead.

Common symptoms of EMR-Syndrome include sleep disturbances, chronic fatigue, chronic pain, poor short-term memory, difficulty concentrating (e.g., "brain fog"), skin problems, dizziness, loss of appetite, heart palpitations, tremors, vision problems, tinnitus, nose bleeds, asthma, reproductive problems and headaches, to name a few.[3] There are other sources showing the proliferation of disabilities from exposure to EMF.[4] The symptoms are from the physiological injuries that individuals have sustained.[5]

Exposure is usually 24/7 with no "off" switch, where individuals are uninformed of the exposure or the level of exposure. Even when becoming aware of and objecting to such exposure, individuals are nonetheless forced to be exposed in what otherwise should be the privacy and safety of their homes or in anchor institutions (e.g., medical facilities, libraries) where they require services. This also extends to medical programs and services, that, if only

[3] "Electrohypersensitivity as a Newly Identified and Characterized Neurologic Pathological Disorder" Int'l Journal of Molecular Sciences, https://www.mdpi.com/1422-0067/21/6/1915.
[4] Electrohypersensitivity (EHS) Is An Environmentally-Induced Disorder That Requires Immediate Attention, Dr. Magda Havas, J. Sci Discov (2019), http://www.e-discoverypublication.com/wp-content/uploads/2019/03/JSD18020-final.pdf; Presentation by Karl Maret, M.D., M.Eng., Presentation, 1-17-20, https://www.youtube.com/watch?v=XiIsy3mcjcY; "The Bioinitiative Report," https://bioinitiative.org/.
[5] Letter by Dr. Beatrice Golomb, Professor of Medicine, UC San Diego School of Medicine, Aug. 22, 2017, https://mdsafetech.org/wp-content/uploads/2017/09/golomb-sb649-5g-letter-8-22-20171.pdf.

made available via Wi-Fi devices or in Wi-Fi activated spaces, can be life-threatening to those disabled by EMR

VI. The Nature of EMF/RF Radiation

In addition to the power levels, or density, the pulsations of radio frequency (RF) radiation cause adverse health outcomes.[6]

Wireless emissions are typically measured by the FCC by averaging the peaks and lowest points of RF radiation emissions and exposure levels over a period of 30 minutes. There are two problems with this methodology. First, it completely obscures the effects of the pulsating nature of RF radiation emissions and does not account for constant 24/7 exposure by the population to RF emissions.

Second, the pulsating peaks are higher than the recorded average.[7] Third, the health outcomes occur with the persistent pulsations of RF radiation emissions. It is the pulsed high peak power emissions that, e.g., increase the potential for traumatic brain injury.[8] To obtain a more accurate reading of RF radiation emissions, the maximum power density and peak power density levels

[6] See, Brief of Children's Health Defense, and Building Biology Institute, et al as Amici Curiae in Support of Appellees/Cross-Appellants "Customers," Sept 14, 2021, https://childrenshealthdefense.org/wp-content/uploads/Brief-and-Addendum-Submitted-9-14.pdf.

[7] Dr. Magda Havas: WiFi in Schools is Safe. True or False? at 7:15, https://www.youtube.com/watch?v=6v75sKAUFdc.

[8] Computational modeling investigation of pulsed high peak power microwaves and the potential for traumatic brain injury. Sci Adv. 2021 Oct; 7(44). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8555891/.

per millisecond should be recorded, as adverse health outcomes arise from the peaking and pulsating nature of wireless emissions.[9]

Electrosmog refers to the erratic pulsating RF radiation emanating from wireless and the production of dirty electricity. Regarding intensity, and to put this in perspective, Martin L. Pall, PhD, Professor Emeritus of Biochemistry and Basic Medical Sciences, Washington State University, provided evidence in the FCC's docket that the FCC's existing RF exposure limits "are approximately 7.2 million times too high."[10]

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[9] Human-made electromagnetic fields: Ion forced-oscillation and voltage-gated ion channel dysfunction, oxidative stress and DNA damage (Review) (2021) Pangopolous DJ, et al. International Journal of Oncology. August 23, 2021. https://pubmed.ncbi.nlm.nih.gov/34617575/.

Computational modeling investigation of pulsed high peak power microwaves and the potential for traumatic brain injury. Sci Adv. 2021 Oct; 7(44). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8555891/. ("These studies reveal that the MAE threshold depends on the energy in a single pulse (not the average power density) for sufficiently short pulses [e.g., 32 μs in (46)], and peak power densities of 102 to 105 mW/cm2 have been known to cause auditory effects in human participants (45).")

Diplomats' Mystery Illness and Pulsed Radiofrequency/Microwave Radiation. Dr. Beatrice Golomb. Neural Comput. 2018 Nov; 30(11):2882-2985. https://pubmed.ncbi.nlm.nih.gov/30183509/; "Reported facts appear consistent with pulsed RF/MW as the source of injury in affected diplomats."

"5G: Great risk for EU, U.S. and International Health! Compelling Evidence for Eight Distinct Types of Great Harm Caused by Electromagnetic Field (EMF) Exposures and the Mechanism that Causes Them," Martin L. Pall, PhD, https://peaceinspace.blogs.com/files/5g-emf-hazards--dr-martin-l.-pall--eu-emf2018-6-11us3.pdf.

Belyaev, I., Dean, A., Eger, H. et al. "EUROPAEM EMF Guideline 2016 for the prevention, diagnosis, and treatment of EMF-related health problems and illnesses." Rev environ Health. 2016;31(3):363-397. Doi:10.1515/reveh-2016-0011.

B. W. G. (2012). "Bioinitiative Report 2012: A Rationale for Biologically-based Exposure Standards for Low-Intensity Electromagnetic Radiation."

[10] Appeals Court Tells FCC to Address Non-Thermal Health Impacts of Radiation from Wireless Technology on Children, the Public, and the Environment, Aug. 25, 2021,

This is noteworthy as this was in connection with a federal case decided in 2021 by the D.C. Circuit, Court of Appeals. The Court rebuked the FCC and remanded the FCC's emission limits for further consideration in light of scientific evidence which the FCC ignored that had been presented into the FCC's docket of health hazards below those limits.[11] To date, the FCC has failed to update its limits dating back to 1996, and **can not be viewed as safety limits.** In fact, the Code of Federal Regulations does not refer to them as safety limits. Rather they are merely "exposure limits."

VII. EMR-Syndrome Recognized by Many Federal Agencies, Except the FCC

The following agencies recognize some forms of EMR-Syndrome:

National Council on Disabilities[12]

HUD[13]

U.S. Access Board[14]

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https://ehtrust.org/appeals-court-tells-fcc-to-address-non-thermal-health-impacts-of-radiation-from-wireless-technology-on-children-the-public-and-the-environment/.

[11] Environmental Health Trust, et al v FCC, Aug 13, 2021; https://www.cadc.uscourts.gov/internet/opinions.nsf/FB976465BF00F8BD85258730004EFDF7/$file/20-1025-1910111.pdf; see also, https://ehtrust.org/in-historic-decision-federal-court-finds-fcc-failed-to-explain-why-it-ignored-scientific-evidence-showing-harm-from-wireless-radiation/; Factsheet: FCC's Lack of Review for Wireless Radiation Exposure Limits, https://ehtrust.org/wp-content/uploads/EHT-et-al.-v.-FCC-Factsheet-EHTRUST.org-1-1.pdf.

[12] https://ncd.gov/sites/default/files/NCD-Framework-to-End-Health-Disparities-of-People-with-Disabilities.pdf at Page 10, Sub-Component 6.

[13] https://www.hud.gov/sites/documents/GME-0009LOPS.PDF.

[14] U.S. Access Board – Advancing Full Access & Inclusion for All - "Indoor Environmental Quality Project," https://www.access-board.gov/research/building/indoor-environmental-quality/.

Department of Defense[15]

Social Security Administration[16]

U.S. Department of Labor[17]

National Institute for Occupational Safety and Health[18]

Center for Disease Control[19]

Unlike all these other agencies, the FCC has not recognized EMR Syndrome as a disability.

The time has arrived for the FCC to do so.

VIII. Barriers to Communications Access

Barriers to communications access are (1) use of a VoIP when there is an electrical or cellular outage, and (2) use of electromagnetic radiation devices, such as cell phones, which is life threatening to those with EMR-Syndrome. Moreover, the FCC's **favoritism** towards wireless technologies**, under the guise of being "technology neutral," is increasing** barriers to access for the EMR-Syndrome disabled.[20]

Section 255 Accessibility and Usability. The FCC notice states that "Section 255 and the Commission's implementing regulations require telecommunications and interconnected Voice over Internet protocol (VoIP) service providers and equipment manufacturers to make their services and equipment accessible to and usable by people with disabilities, if "readily

[15] DoD Instruction 6055.11, "Protecting Personnel from Electromagnetic Fields," https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/605511p.pdf.
[16] https://ehtrust.org/wp-content/uploads/Electromagnetic-Sensitivity-Found-to-be-a-Severe-Impairment-by-the-Social-Security-Administration-2003-and-2020-.pdf.
[17] https://askjan.org/disabilities/Electrical-Sensitivity.cfm#otherinfo.
[18] https://www.cdc.gov/niosh/docs/98-154/default.html.
[19] https://icd10cmtool.cdc.gov/?fy=FY2023&query=radiation.
[20] Treating two things equally when they are not equal is a form of favoritism toward the less capable technology. For example, imagine if the speed limit were the same for cars and bicycles. This would be highly discriminatory toward cars, which can travel much faster than bicycles.

achievable."[21] The Commission's implementing regulations do not take into account that Section 255 is not limited to VoIP technologies; rather it requires accessibility to communications by the disabled. Limiting Section 255 to VoIP as the FCC notice does, does not further the purposes of the statute, and there should be a broader and more accurate reading of Section 255 that includes POTS.

Section 255 clearly states that: in manufacturing or providing telecom services, the manufacturer or service provider shall ensure that the product or service is "accessible to and usable by individuals with disabilities, if readily achievable."[22] If not readily achievable, then "compatible with existing peripheral devices or specialized customer premises equipment commonly used by individuals with disabilities to achieve access, if readily achievable."[23]

Those disabled with EMR-Syndrome require access to communication. Section 255 requires telecommunications equipment manufacturers and service providers to make their products and services accessible to people with disabilities, if "readily achievable." For those with EMR-

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[21] 47 U.S.C. § 255; 47 CFR Parts 6, 7. When accessibility to these services is not readily achievable (defined as "easily accomplishable and able to be carried out without much difficulty or expense"), covered entities must ensure that their services and equipment are compatible with existing peripheral devices or specialized equipment commonly used by people with disabilities to achieve access, if readily achievable. 47 U.S.C. § 255(d); 42 U.S.C. § 12181(9) (defining "readily achievable").

[22] Ibid. "(b) Manufacturing. A manufacturer of telecommunications equipment or customer premises equipment shall ensure that the equipment is designed, developed, and fabricated to be accessible to and usable by individuals with disabilities, if readily achievable."
"(c) Telecommunications services
A provider of telecommunications service shall ensure that the service is accessible to and usable by individuals with disabilities, if readily achievable."
"(d) Compatibility
Whenever the requirements of subsections (b) and (c) are not readily achievable, such a manufacturer or provider shall ensure that the equipment or service is compatible with existing peripheral devices or specialized customer premises equipment commonly used by individuals with disabilities to achieve access, if readily achievable."

[23] Ibid.

Syndrome, and who cannot use wireless equipment or devices, VoIP is NOT functionally equivalent to Plain Old Telephone Service (POTS) and cannot replace traditional wireline voice service on which POTS functions.

Moreover, a wireline connection is resilient when there is an Internet outage, or in emergency conditions and can be life-saving, whereas technology that uses the Internet such as VoIP is dependent on having a connection to the Internet where daily outages have been reported,[24] rendering a non-working VoIP life-threatening. When there is an electrical or Internet outage, VoIP is neither accessible nor usable for the disabled, contravening the purpose of Section 255. On the other hand, POTS is accessible and usable and POTS' accessibility and usability is "readily achievable" as that is not on the national electric grid and has formed the basis of the U.S. communications system for a century. Therefore, it is crucial that POTS be maintained. POTS voice service must remain available, especially during extended power outages, and must reliably support access to 911 and other emergency services. Individuals with EMR-Syndrome require access to POTS voice service and assurances that they will not face unreasonable costs or other barriers to connect to voice or Internet.

The issue is not if there will be a cellular or power outage, the issue is when. For instance, as of today's filing, there are 34,131 power outages in 72 countries.[25] On January 14, 2026, it was reported that "[a] nationwide Verizon outage left cellphone users, including more than 10,000 customers in New York City, without service on Wednesday. The mass disruption began around

[24] As of the date of this filing, PowerOutage.us reported electrical outages for 60,270 customers around the U.S. Internet access depends on an electrical connection. See https://poweroutage.us/?statePage=2#outages-by-state. POTS is independent of the national electrical grid.

[25] Downdetector.com, https://downdetector.com.

noon and prompted an emergency alert."[26] Therefore, having redundancy in our telephone system to include POTS especially in emergencies [or where wireless devices are life-threatening] is essential.

The FCC notice states that "Section 716 requires ACS providers and equipment manufacturers to make their services and equipment accessible to and usable by people with disabilities, unless doing so is "not achievable." Those individuals with EMR-Syndrome cannot use or be in the vicinity of wireless devices.[27]

The FCC notice states that "Section 717 requires covered entities to keep records of their efforts to implement sections 255, 716, and 718.'

Critical to this analysis is taking into account those already-marginalized individuals disabled by electromagnetic radiation (EMR) who cannot tolerate wireless emissions and must have fully-wired connectivity for both voice and internet. Nowhere in the Notice is there acknowledgement of these critical needs. The Notice contemplates wireless-dependent technology which is life-threatening to these individuals. Wireline voice service and DSL internet are often on what these individuals, usually low-income, depend. People who experience EMR-S (Electromagnetic Radiation Syndrome) from exposure to electromagnetic radiation already confront physical and financial barriers in modifying their environment to adequately protect their health.

IX. Accessibility Barriers Still Exist

Barriers to communications access also include (1) use of a VoIP when there is an electrical or cellular outage, (2) use of electromagnetic radiation devices, such as cell phones, which is life threatening to those with EMR-Syndrome, (3) electromagnetic interference with devices used by

[26] https://gothamist.com/news/cell-service-outages-hit-nyc-as-officials-investigate-cause-and-assess-potential-effects.
[27] https://www.emrsyndrome.org/.

the disabled, e.g.,[28] cochlear implants, hearing aids, (4) FCC's failure to comply with the 2021 remand order by the D.C. Circuit Court of Appeals to review its exposure limits in light of current science showing biological effects within its current limits, exposing those disabled with EMR Syndrome to ever-increasing amounts of EMR, 24/7, from wireless technologies that have undergone no safety testing, including 5G, (5) FCC's failure to significantly lower, and bring, its emission limits in line with current science, (6) the FCC in its NPRM Docket 25-276 attempting to take away local control over cell tower sitings, among other things, would lessen or eliminate the ability of localities to protect themselves

To put the FCC's limits into perspective, the FCC's maximum permissible exposure limits for the general population are 10 million μW per square meter averaged over 30 minutes. In order to breach this, the typical peak exposure (what is repeatedly observed dozens of times per minute) would need to be around 50 million μW per square meter, on a non-time-averaged basis. In contrast, the Institute for Building Biology recommends less than 10 μW per square meter for sleeping locations.[29] Imagine if the speed limit for road traffic were 50 million miles per hour, drivers were immune from liability as long as their speed is less than 50 million mph, states were prohibited from promulgating a lower speed limit, and local police were prohibited from measuring if drivers were breaching the 50 million mph limit. These extraordinarily high limits allowable exposure limits are a serious access barrier.

[28] "(viii) Non-interference with hearing technologies. Reduce interference to hearing technologies (including hearing aids, cochlear implants, and assistive listening devices) to the lowest possible level that allows a user to utilize the product."

[29] Building Biology Precautionary Guidelines (SBM-2024) https://safelivingtechnologies.com/content/Education/EMF-Exposure-Guidelines-For-Sleeping-Areas.pdf

As we stated in our response to FCC's NPRM Docket 25-276, submitted on December 31, 2025, this is the sorry state of radio frequency (RF) exposure limits. The FCC's strategy is an access barrier, as well: abstain from RF monitoring, fail to require industry to monitor its own emissions or the exposures it creates, and prohibit local governments from taking such measurements, rather than requiring that emitters pay for such measurements.

Many countries have systematic RF monitoring in place to ensure that emitters comply with local laws — while still having robust wireless industries.[30]

While individuals, in principle, are free to avoid using a particular technology that may be harmful and/or disabling, in practice, their freedom of choice is limited or negated due to several factors, including:

(1) Inadequate disclosure of the presence, nature, and intensity of EMR emissions

Inadequate information on the options and procedures to eliminate or minimize such emissions

Phasing out of technologies that are accessible to people with EMR Syndrome (e.g., POTS / copper lines); and

(2) Pervasive deployment of EMR-emitting technologies throughout society, with EMR emissions—both from personal devices and related infrastructure—penetrating and invading what should otherwise be private spaces, resulting in unavoidable and non-consensual exposures that further undermine the health and access of these individuals.

[30] See "Governments that measure radiofrequency radiation levels and make them publicly available"
France, Spain, Austria, Greece, Turkey, India, Israel, Gibraltar, Brussels Belgium, Switzerland, Bulgaria, Tunisia, Malta, Brazil, Bahrain, Monaco, French Polynesia, Bhutan, Senegal. France has 5G monitoring stations https://ehtrust.org/reduce-cell-phone-radiation-exposure-list-of-countries-official-recommendations/

Any products with wireless features are not accessible to, or usable, by people with EMR Syndrome, including: cordless phones, mobile phones, wireless modems and routers (for wireless VoIP and Internet connection.) But products that are accessible are being phased out, e.g., POTS and copper wired landlines, leaving people with EMR Syndrome with dwindling communication options, forcing them to isolation, vulnerability and distress, literally putting their lives at risk. They cannot use a technology – electromagnetic radiation - that is harming them or putting their lives at risk.

Existing accessible, safe options must be preserved and new safe options must be developed addressing the needs of this growing population.

In order to prevent the creation of additional access barriers and health sequela for people with EMR Syndrome, before adopting and deploying new wireless technologies, the Precautionary Principle must be applied, proactively, with manufacturers carefully evaluating how these technologies may affect the most vulnerable populations, and how these populations' health and protected rights to freely access public places and services will be guaranteed, rather than further eroded. Such actions will also reduce the risk for the general public of developing the biological sequelae of exposure to electromagnetic fields, as well as the risk of exacerbating existing disabilities (cross-disabilities).

New Devices and Services Need to be Compatible with People with EMR-Syndrome

Service providers and manufacturers do not tend to make services and devices compatible with devices commonly used by individuals with EMR Syndrome. Rather, compatible devices tend to be phased out and replaced with EMR-emitting ones, a lose-lose proposition of losing service or accepting increased emissions that will amplify or add disabilities. Examples include the replacement of routers and modems by Internet and VoIP providers and the phasing out of residential and public copper land lines,

The fundamental issue of accessibility to these technologies should be assessed beyond the issue of Internet browsers. In addition, the narrow focus on visual impairments seems to imply that all other individuals with disabilities can use these technologies. This is a misconception.

Providers should make phones accessible to people disabled by EMR. This can be achieved by:

- Proper engineering to minimize emissions
- Easy, intuitive, one-step Airplane Mode Plus features
- Hardwired, wireless-free connection options
- Transparent disclaimers about exposure to EMR, risks, how to operate without emissions, and how to minimize emissions.

Accessibility Gaps are Widening for People with EMR-Syndrome; Engage with the EMR-Syndrome Community to Close the Gap.

For people with EMR Syndrome, accessibility of telecommunications and advanced communications services and equipment not only are not improving; the accessibility gaps are widening. Each purported advance in technology means additional barriers, increased discrimination, and lack of access to even the most basic services.

The access barriers do not only apply to devices but to the places that become increasingly saturated with EMR emissions and are turned inhabitable for anybody with EMR Syndrome or with disabilities exacerbated by EMR exposure.

As a result, growing numbers of people with disabilities are cut off from society, deprived and left in an ever more precarious medical condition, negating their legally protected rights.

The FCC must recognize EMR Syndrome as a disabling condition. People with EMR Syndrome have, so far, been completely excluded in market research, product design, testing, pilot demonstrations, and product trials. We are not aware of any efforts by the FCC, manufacturers, or service providers to engage the EMR Syndrome community.

We urge the Commission to require that manufacturers and service providers engage the EMR Syndrome community and include them in market research, product design, testing, pilot demonstrations and product trials; also, to work in close collaboration with individuals and organizations who understand the science, technical details, and special needs of people with EMR Syndrome in all stages of product and service development and deployment, including market research, product design, testing, pilot demonstrations, and product trials. This includes individuals and organizations with EMR technical and medical expertise as well as individuals with EMR Syndrome and their advocates. Examples of the individuals and organizations that should be engaged in these processes include:

- The International Commission on the Biological Effects of Electromagnetic Fields (ICBE-

EMF), an organization with ample scientific, technical, and medical expertise.[31] They have published a peer-reviewed article[32] analyzing how simple engineering fixes could dramatically reduce cellphone radiation and calling industry to start competing on safety.[33] The same approach can be applied to all devices with wireless emissions.

- The Building Biology Institute, which has expertise on measuring and mitigating EMR sources: https://buildingbiologyinstitute.org/

- Physicians for Safe Technology, the American Academy of Environmental Medicine (AAEM), and the National Association of Environmental Medicine (NAEM), which are among the health professionals' organizations that have recognized EMR Syndrome and its disabling effects.

- The Electrosensitive Society, in Canada, which has developed guidelines and educated medical and emergency response professionals on the needs of individuals disabled by EMR. They have worked with hospitals and emergency responders to successfully accommodate EMR Syndrome. They are uniquely positioned to suggest measures conducive to a safe, or safer, environments for people with EMR Syndrome: https://www.electrosensitivesociety.com

- The National Call for Safe Technology https://thenationalcall.org/, Americans for Responsible Technology https://www.americansforresponsibletech.org/, and numerous country-wide, state and local Safe Tech groups throughout the USA, which have a wealth of resources and connections within their communities as well as with other organizations and professionals in the field.

- The EMR Syndrome Alliance, which recently launched a new website providing many

[31] https://icbe-emf.org/commissioners/
https://icbe-emf.org/special-experts/
[32] Int J Environ Res Public Health. 2023 Apr 4;20(7):5398. doi: 10.3390/ijerph20075398.
[33] https://icbe-emf.org/new-icbe-emf-paper-simple-engineering-fixes-could-dramatically-reduce-cellphone-radiation-scientists-say/.

educational resources and testimonials on EMR Syndrome with supporting science for the public as well as physicians, healthcare providers, policymakers and others. This website can provide an overview of the needs of this underserved population and links to relevant organizations: www.EMRsyndrome.org.

Consider that individuals with disabilities have higher than average difficulties advocating for themselves and navigating their accommodation requests while facing steep and increasing access barriers. The Commission should establish (for the Commission itself as well as for manufactures, service providers and others) clear avenues of contact and mechanisms to actively engage with this extremely vulnerable population and accept its input.

Develop Accessible Information and Documentation for those with EMR Syndrome.

This documentation must be developed. Devices, equipment and systems used for telecommunications and ACS are typically very complex and typically include a multitude of EMR-emitting components. The average user (let alone a user with disabilities) is not equipped to understand how these devices work, the fact that these devices produce multiple EMR emissions, the fact that many of these emissions may not be actively used most of the time (while still producing emissions), the fact that there may be ways of reducing emissions by turning off unused features, how to follow the complex and convoluted steps to do so, or to monitor whether these features may turn on again automatically, among the most common barriers. Customer service and technical support are generally unaware of the special needs of users with EMR Syndrome and do not always know if and how wireless features may be turned off.

There are several issues at play, including:

- The lack of transparency. Crucial details about the emissions of these technologies, their differences with previous models, and the implications of these differences in terms of exposure to self and others, are not clearly disclosed. This denies users their right to informed consent.
- Clear instructions to turn off and on, or terminate, specific signals at will is not provided to the user and, in many cases, to the technicians installing or servicing the products and services
- Devices and services are not being engineered with safety or accessibility in mind when it comes to users with EMR Syndrome. This includes engineering easy, intuitive and straightforward ways of switching off and on EMR-emitting features at will.
- Wired alternatives with no EMR emissions are being phased out
- Customer service, technical supports, or others interacting with users with EMR Syndrome are largely uneducated about the issues affecting this group of individuals with disabilities, their access barriers or their special needs.

The organizations highlighted in the previous answer to develop safe products and services and appropriate documentation, instructions and manuals to make them usable by individuals with EMR Syndrome.

Those interacting with individuals with EMR Syndrome, including customer service and technical support, must be educated about EMR Syndrome. In addition to the educational resources listed above, the EMF Medical Conference 2021 was designed to educate doctors and other health professionals but is valuable to educate any audience. All the videos are available online at no cost, providing an excellent resource for physician continuing education about the

diagnosis, treatment and prevention of the biological and health effects of EMR, including the needs of people with EMR Syndrome, as well as EMR mitigation strategies https://emfconference2021.com

The special needs of people with EMR Syndrome have not, thus far, been taken into consideration. The attitude thus far has been to ignore this population, eroding their rights and livelihood. This unfair and discriminatory situation must be remediated immediately.

No advance has been made to address accessibility issues for EMR Syndrome. These issues persist and deepen as new wireless technologies keep being introduced without regard for this group of disabled individuals. The assumption that new technologies improve communications across the board is erroneous. The exact opposite is the case for those with EMR Syndrome. These individuals are losing communication options at ever increasing rates.

Record-Keeping. Records should be kept of the population being left out due to imposed inaccessible new technologies and dismantling of previously viable options.

A True Accounting of Consumer Welfare Would Include Costs Inflicted on the Disabled from EMR. As we stated in our response to the FCC's NPRM for Docket 25-276, Licensed wireless services are not a typical competitive market. The FCC, through its licenses, grants an oligopoly, principally to 4 large providers. Therefore, these markets do not necessarily tend toward "greater consumer welfare" which would be seen in competitive markets. A true accounting of consumer welfare would reflect not just the price per voice minute or megabyte – which declines with advances in semiconductor technology, not due to R&D of service providers – but would also take into account the health costs, lost income, and disability costs inflicted

upon consumers and negative externalities[34] borne by society at large from exposure to radiofrequency radiation.

Competitive markets require the functioning of supply and demand signals. However, through federal preemption, the FCC puts its thumb on both sides of this scale, inflating supply and demand. Demand signals should be expressed through local government decisions (expressing the demand of their constituents) to deploy wireless infrastructure. Instead, preemption kneecaps the ability of local governments to refuse many towers that it would otherwise deny. At the same time, the FCC inflates supply through two principal means: 1) expressly mandating wireless deployments as a condition of licenses at auction[35] and 2) shielding industry from liability for the harms caused by radio frequency exposures.[36] The shield operates by the FCC's a) promulgating and retaining, despite a DC Circuit order suggesting otherwise, maximum permissible exposure (MPE) limits that are so ridiculously high so as to provide a safe harbor for a wide swath of conduct; b) upon receiving reports of exceedances of the MPE limits, avoiding RF measurements or enforcement action; and c) encouraging a far higher supply of infrastructure than would otherwise be the case if the MPE limits were lower and based on science.

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[34] Exposition of negative externalities, Britannica.com:
https://www.britannica.com/topic/negative-externality

[35] For example, see "Construction Requirements by Service"
https://www.fcc.gov/wireless/support/universal-licensing-system-uls-resources/construction-requirements-service
or
"FCC's Use and Enforcement of Buildout Requirements", GAO 14-236, February 2014, which states: "FCC requires licensees to self-certify that they have met buildout requirements. If a licensee does not do so, FCC automatically terminates the license."
https://www.gao.gov/assets/gao-14-236.pdf

[36] The NPRM acknowledges the liability shield in fn 148.

X. Interference with Medical Implanted Devices

Electromagnetic Radiation (EMR) can interfere with or cause malfunction of a variety of implanted medical devices. EMR is a barrier to communications access for those with implants. The result can be severe or life-threatening for the user. Implanted devices can include, e.g., defibrillators, pacemakers, apnea monitors, glucose monitors, insulin pumps, infusion pumps, cochlear hearing implants, deep brain stimulators, and neuro stimulators. This is a major barrier to access.

"Electromagnetic Interference (EMI) is a phenomenon where unwanted electromagnetic signals disrupt the normal functioning of electronic devices."[37]

A 2016 paper by a team of international academics reported:

> Studies revealed that the cellular phone is one of the potential sources of interference to the working of many numbers of medical devices. The radiation from cellular phones will either make the nearby medical device malfunction[] or alter the parameters measured. Moreover, it could make changes in the monitors. In the literature, most devices vulnerable to the cellular phone radiations are the mechanical ventilators, infusion pumps, Electrocardiogram (ECG) recorder, patient monitors, defibrillators, and pacemakers. Meanwhile, the alteration of measured parameters may change the diagnostic process that may lead to improper treatment. [Internal citations omitted.][38]

Medical implant devices can also be affected by other sources of EMI from cell towers or "smart" meters.

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[37] https://parikshapatr.com/solutions/electromagnetic-interference-emi-explained-in-detail
[38] Effects of electromagnetic interference on the functional usage of medical equipment by 2G/3G/4G cellular phones: A Review, Journal of Advanced Research, September 13, 2016 Phttps://www.sciencedirect.com/science/article/pii/S2090123216300248.

> The effect of EMFs on implanted medical devices is real, potentially severe, and not easily predicted. Effects can range from harmless to life threatening and getting the device back to normal function can be automatic or require serious medical intervention.[39]
>
> Electronic devices are much more sensitive to electromagnetic interference. Interference from EMFs can cause a variety of effects in the circuitry that enables the function of these devices. At the lowest severity, the interference could cause a harmless temporary malfunction that the device corrects automatically. Greater interference from a stronger field or on more sensitive electronics could cause the devices to not function, such as a pacemaker not pacing. Even greater interference could cause the devices to function improperly, such as a defibrillator delivering a shock when it was not necessary. As seen from these examples, because these devices serve medical functions, electromagnetic interference can have a variety of impacts ranging from no noticeable impact to a life-threatening impact.[40]

Any densification of antennas, radiofrequency emissions, and spectrum utilization,[41] foreseeably and inevitably results in higher levels of radiofrequency radiation exposure and will adversely impact millions of Americans, including without limitation those with medical implant devices, as described above.

XI. Attachment 1: Accounts of Personal Injury and Property Damage

The following are firsthand accounts of personal injuries and property damage resulting from densification of cell towers. The FCC's cost-benefit analysis must take into account not only industry profits, but also suffering borne by millions of Americans, as illustrated below. These accounts of personal injury show that these are not mere "concerns" but are life-threatening. They also show property damage.

A. Telecommunications technician.

[39] https://radiationsafety.ca/emfs-implantable-medical-devices/.
[40] Ibid
[41] Expressly stated desired outcomes of this NPRM, e.g. ¶70, 71

Todd Matthews, of Mesa AZ, installed cell towers. He now reports extreme burning sensations from the cell towers around his home.[42]

> It is BURNING MY SKIN! . . . I was a cellular technician for 15 years, installing the nations cell infrastructure in the late 80s and 90s, and a microwave engineer for 4 yrs in Tukwila Washington, I live in Mesa AZ now. Since they implemented the new 5G on a cell site 280yrds from my front porch on a 50' tower, now every day for the last 4 yrs at certain times of the day their signals are on my roof and emitting radiation into my living room and my whole house. The excessive amount of RF is burning me. [I]t feels like someone has turned on a broiler over me while sitting in my living room.

B. Police Lieutenant.

WRITTEN TESTIMONY TO NYC COMMITTEE ON TECHNOLOGY

JUNE 7, 2023

GEORGE SINOPIDIS

I am George Sinopidis. I have been in public service for at least 20 years, and am a Police Lieutenant in New York in charge of 300 people. I own a three-story house in Astoria which I purchased in 2013 and renovated it. My sister and I used to live there.

As a Police Lieutenant I only rely on facts. And what I'm about to tell you are the facts.

In September 2020, I came back from Europe where my father just had quadruple bypass surgery. Just several feet from my front yard was a newly installed pole, replacing the old utility pole, with a multidirectional wireless antenna on top. The pole is 35' to 40' tall.

Other wireless antennas are attached to overhead wires that are parallel to the second and third stories of the house where my sister and I lived. I didn't know anything about the harms from wireless radiation, until I became injured. For the first time in my life, I went from being perfectly healthy, to suffering from heart arrhythmias, headaches, and not being able to sleep, out of nowhere.

The canister on top of the pole appears to be omnidirectional and two antennas facing in opposite directions but seeming to cover almost 360° at a slightly lower level than the canister itself. My front yard lines up with the 1000-unit apartment building across the street which was probably the target of the wireless carrier.

[42] Statement prepared 2025

I went to my cardiologist who fitted me with a cardiac monitor halter which I wore for 2 weeks. The results showed multiple arrhythmias, which are premature ventricular contractions. That means that a critical heartbeat came too early, disrupting my heart's normal rhythm.

Because the arrythmias came on so suddenly and severely, I had to undergo an invasive procedure in the hospital where they placed a catheter through an artery into my heart. The doctor tried to replicate the arrhythmia to see if he could perform a cardiac ablation. That's a procedure that destroys an area of the heart tissue that is causing rapid and irregular heartbeats. But, to the doctor's surprise, he was not able to replicate the arrhythmia.

That's because I only experienced arrhythmia when I was in my house, not when I was outside of my house. In fact, when I returned from this hospital procedure, the arrhythmia returned when I got back to my house. So the doctor did a second procedure to perform a cardiac ablation, but again, he found nothing wrong.

I then decided to try an experiment. I stayed with my girlfriend in her apartment in the city, and I discovered that my symptoms simply did not occur and I was able to sleep.

But this hasn't just affected me; it has also affected my sister. When the pole and antennas were installed, my sister at 31 years old had just completed seven months of chemotherapy at Sloan-Kettering. She had been diagnosed with non-Hodgkin's Lymphoma. When I came back caring for my father in Europe, I found my sister sicker than when I had left, and she was having headaches and nausea. When she told her oncologist about the new wireless antennas, he said that wireless radiation could aggravate her condition and the cancer could come back. He said it was essential she avoid all radiation including wireless radiation after her treatment.

My sister and I have since moved out of the house.

Also, this has been a financial drain. I put my life's savings into buying the house and renovating it from top to bottom. I created four apartments and had a financial plan for my future and a revenue stream. Then the wireless antennas arrived. I am now $250,000 in debt, shouldering a mortgage for a house that neither my sister nor I can live in. I have had difficulty renting the apartments in the house. I now have an unmarketable house.

What is disturbing to me is that I received no notice, no warning. The city should have safe zones, a buffer zone from houses. What's fair is fair. We should have input on where these wireless antennas and towers go. Why not put the tower in the flat surface parking lot by the 1000-unit apartment complex the carrier was trying to service?

Everybody I called at the city to discuss this situation was either abrasive or they didn't have any information. The lack empathy from city officials, and the lack of resident control – like all of our freedoms are taken away with these towers – is like nothing I've ever seen before. It doesn't make any sense.

I've been a public servant all my life. I was a full paramedic at 19 – the youngest in New York City. A police officer at 20. I worked my way up doing every beat that you can do. I was at ground zero after 9/11 with my partner. We took turns going into the World Trade Center to pull people out. As I would pull a person out to safety, my partner would run back in. We'd switch. It was during one of those switches, as I was pulling a person to safety, my partner ran back in and then the tower collapsed. My partner was later found in the rubble.

I use wireless technology and I use a cell phone. But you can't put these towers in people's yards or close to their homes with no notice, no negotiation, no room for compromise. I guess the telecom carrier liked the angle from my front yard because they probably made more money. It was a more direct line of radiation at more apartments. But I'm paying the price.

The height of the pole in front of my house is similar to the Link5G cell towers at about 32' and the city wants to put these poles in this district. The city is not doing its job because it is not providing us with true participation. They've already entered into agreements with CityBridge to place these Link5G cell towers next to our homes. Again, if this is a done deal, then there is no real prior notice and no true participation. Isn't the city supposed to be protecting our health and safety?

If I'm not doing my job, I get indicted. If city officials aren't doing their job, nothing happens to them. Aren't city officials supposed to be protecting us from this unnecessary radiation? So what happens to them if they don't? Nothing.

I recommend disapproval and a moratorium for all further wireless installations, including the Link5G cell towers, in this district until the city can come up with a better plan that makes sense to the residents with their full prior participation and full prior approval.

C. Chronic Disease and Clusters

1. **Near Duluth, MN**, a woman suffered 51 strokes after a nearby cell tower was "upgraded," in addition to experiencing nausea, blind spots in her vision, orientation and balance difficulties.[43]

2. **Examples of clusters of sickness near cell towers .**

    a. **In Ripon, CA** when a cell tower was placed near an elementary school, 4 children (ages 6-11) got cancer (brain, liver, kidney) and 4 teachers got breast cancer. [44] One of the children who contracted brain cancer (glioblastoma) when he was 10 years died in Aug 2024.[45] After the 4th student was

[43] https://childrenshealthdefense.org/defender/marcia-haller-cell-tower-rf-radiation-sickness/.
[44] See beginning of video at https://www.youtube.com/watch?v=-9TMTexPb_0&t=128s .
[45] See the lists of treatments and surgeries that this child endured before he died, https://www.gofundme.com/f/support-the-ferrulli-family-in-memory-of-mason.

diagnosed with cancer, the tower was removed.[46] Since the tower was removed, it was reported that there were no more instances of cancer at the school.[47]

b. In an Idaho town after 5G cell towers were installed, it was reported that a cluster of residents developed atrial fibrillation (a-fib). One of those residents who had undergone surgery for a-fib was a plaintiff in a lawsuit against the telecom carrier which refused to provide accommodation under the Americans with Disabilities Act.[48]

D. Realtor/Homeowner

This example illustrates that the siting of cell towers can have substantial adverse impacts on property – which are exactly the kinds of decisions and trade-offs that local governments are, under the TCA, intended to balance.

KellyLee McFrederick, St. Pete's Beach, FL

A 5G cell tower was recently installed 24 feet from my home. The tower was being constructed along an intercoastal waterway, four feet from the seawall and ten feet from the docks. As a result, we were about to lose our homeowner's insurance because the insurance company would not insure our home with a cell tower within the fall and flood zone. The tower was originally 50-60 feet in height, a huge eye-sore, and not in compliance with our zoning regulations. The tower was then cut down in height to meet our zoning regulations. While the tower was being cut down, **I called out the sheriffs twice during construction as the contractors would trample over everything -- broke my irrigation lines, broke my pavers, cracked my seawall, destroyed landscaping.** It's been an ordeal.

I am a realtor and I know that property values go down when a property is near a cell tower. I knew as a realtor that my property value would plummet with a cell tower near my home. We contacted local officials to remove the tower; at this time, the equipment has been removed.

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[46] https://mdsafetech.org/2019/03/25/cell-tower-to-be-removed-after-4th-ripon-student-diagnosed-with-cancer/.
[47] See beginning of video at https://www.youtube.com/watch?v=-9TMTexPb_0&t=128s .
[48] https://childrenshealthdefense.org/press-release/chd-files-in-series-of-lawsuits-seeking-disability-accommodation-for-people-injured-by-rf-radiation-from-cell-towers/ and https://childrenshealthdefense.org/defender/henry-hank-allen-chd-verizon-lawsuit-radiofrequency-radiation-cell-towers/.

My husband has five vertebrae fusions, two medical implants for pain, and having a 5G tower just feet from our home would have killed him, age 62. The electromagnetic radiation from the cell tower at such close range to our house would have disrupted the devices in his body to keep him living pain-free, also causing disruptions to his other organs.

XII. Conclusion

We've identified accessibility gaps, and look forward to working with the Commission to bring it in line with its statutory obligations.

Respectfully submitted,

Odette Wilkens
President & General Counsel
Wired Broadband, Inc.
P.O. Box. 750401
Forest Hills, NY 11375

XIII. Attachment 2: Filing Parties

The parties listed below collectively constitute the "Filing Parties," have granted permission to submit these Comments on their behalf, and join together to submit these Comments.

National Organizations – Filing Parties
Wired Broadband, Inc., 501(c)(3), Odette J. Wilkens, President & General Counsel The National Call for Safe Technology, Inc., 501(c)(4), Odette J. Wilkens, President & General Counsel
The Weston A. Price Foundation, 501(c)(3), Sally Morell Fallon, President, Washington, D.C. Alliance for Natural Health-USA, Robert Verkerk, PhD, Executive and Scientific Director, Alexandria, VA

U.S. State	**Filing Parties**
AK - Alaska	Hal Stachman, Sitka, AK
AL - Alabama	Donald Campbell, Huntsville, AL
AR - Arkansas	PACTS International, Ken Stroud, Advisory Board Member/Technical Director, with Havana Syndrome, Little Rock, AR
AZ - Arizona	Arizonans for Safe Technology, AZ
	EMF Wellness Tucson, Lisa Smith, PhD, Tucson, AZ
	Safe Tech Tucson, Tucson, AZ
	Floris R. Freshman, published artist and composer, with EMR-Syndrome, Scottsdale, AZ Susan Molloy, M.A., Snowflake, AZ Melissa Hayes, M.S. with EMR-Syndrome, Oro Valley, AZ, Oak Haven Wellness, LLC Renée Neumann, Tucson / Green Valley, AZ Kathy Flanagan, with EMR-Syndrome, Prescott Valley, AZ

	Karen Carswell, Flagstaff, AZ Warren Woodward, Sedona, AZ
CA – California	EMF Safety Network, Sidnee Cox, Co-director, Windsor, CA
	Fiber First LA, Charlene Hopey, Topanga, CA
	Malibu for Safe Tech, Lonnie Gordon, Executive Director, Malibu, CA
	Napa Neighborhood for Safe Technology, Amy Martenson, Napa, CA
	Safe Tech International, Sara Aminoff, Union City, CA
	5G Free California, Julie Levine, with EMR-Syndrome, Topanga, CA,
	California Brain Tumor Association, Ellen Marks, Director, Indian Wells, CA
	Sustainability Management Consulting, Angela Casler, Chico, CA
	Eagle Forum of California, Orlean Koehle, CEO, Santa Rosa, CA
	Brenda Shafer, with EMR-Syndrome, CA Gene Wagenbreth, Topanga, CA Margaret Holt Baird, Esq., with EMR-Syndrome, San Diego, CA Raymond Michael LeVesque, RayGuardProtect.com, National Health Federation Board Member, Clear Lake Riviera, CA
CO - Colorado	Coloradans for Safe Technology, Andrea Mercier (mother of a severely disabled child who is adversely impacted various forms of non-ionizing radiation), Colorado Springs, CO
	Coloradans for Safe Technology, Nancy VanDover, DVM, OMD, Dipl Acup, disabled by EMR, CO
	David Byrd, Byrdman Publishing, Longmont, CO 80503 disabled by EMR-S
	La Plata for Safe Technology, Ingrid Iverson, with EMR-Syndrome, La Plata County, CO
	Longmont for Safe Technology, Doe Kelly, Co-Founder, with EMR-Syndrome, Longmont, CO
	Deborah Shisler, with EMR-Syndrome, CO Virginia Farver, Fort Collins, CO
CT - Connecticut	Connecticut for Responsible Technology, Private Membership Association (PMA), Paska Nayden, Co-Founder & Administrator, with EMR-Syndrome, CT
FL - Florida	Florida Coalition for Safe Technology, St. Pete's Beach, FL Lauren Mones, St. Pete's Beach, FL KellyLee McFrederick, St. Pete's Beach, FL Kay Fitt, Palm Harbor, FL Susan Lee, Miami, FL Shirley Denton Jackson, with EMR-Syndrome, unexpected early retirement from School District of Palm Beach County, FL - Research Project Manager and Safe Schools Coordinator - due to EMR-Syndrome, North Palm Beach, FL
IL - Illinois	Safer Cell Phone and Wi-Fi Project, Marne Glaser, Chicago, IL
LA - Louisiana	Southern EMF Radiation Solutions, Shari Champagne, with EMR-Syndrome, Houme, LA

MA – Massachusetts	Massachusetts for Safe Technology, Cecelia Doucette, Director, Ashland, MA
	Pittsfield Cell Tower Injured & Concerned Citizens (injured with EMR-Syndrome), Pittsfield, MA
	Safer Siting 01240, Lenox, MA
	Safe Tech International, Patricia Burke, journalist, with EMR-Syndrome, Millis, MA
	Sustainable Upton, Laurie Wodin, Co-Administrator, with EMR-Syndrome, Upton, MA
	Last Tree Laws (.com), Kirstin Beatty, with EMR-Syndrome, Director, Holyoke, MA
	The Leto Foundation, Westborough, MA
	Alison McDonough, with EMR-Syndrome, Canton, MA Janet FitzGerald, M.S., CCC-SLP Rowley, MA, member of Massachusetts for Safe Technology Anna Nelson, with EMR-Syndrome, Pittsfield, MA Tais Howard, Lynn, MA
MD - Maryland	Safe Tech International, Kate Kheel, Taneytown, MD
	Katherine Katzin, Takoma Park, MD
ME - Maine	Global Union Against Radiation Deployment from Space, Bowdoinham, ME
	Maine Coalition to Stop Smart Meters, Richmond, ME
	Janet Drew, retired Registered Nurse, York, ME Jen Goddard, Board Certified Doctor of Natural Health, Thriving Proof Holistic Health Practice, and 2025 United States of America Mrs. Maine Pageant, Brewer, ME
MN - Minnesota	DAMS, Inc., 501(c)(3), educates public on dental health issues, St. Paul, MN Safe Tech Minnesota, Leo Cashman, Petra Brokken, St. Paul, MN
MO - Missouri	Loraine Uebele, FACHE, Kansas City, MO Marty Freyer, Mexico, MO David B. Klug, Kansas City, MO Bethany Klug, Supporter and Advocate for EMF Affected, Kansas City, MO
NC - North Carolina	Sharon Behn, Arden, NC Susan Marlan, Asheville, NC Nicole Stallings, with EMR-Syndrome, Black Mountain, NC
NE - Nebraska	Tammy Lee, with EMR-Syndrome, Lincoln, NE Linda Becker, Lincoln, NE
NH - New Hampshire	New Hampshire for Safe Technology, Deb Hodgdon with EMR-Syndrome, Stratham, NH Kent Chamberlin, PhD, former member of NH Commission to Study Envt'l and Health Effects of Evolving 5G Technology; Prof. & Chair Emeritus, Fullbright Distinguished Chair, Univ of NH, Coll. of Eng and Phys Sci, Dept. Of Electrical and Computer Eng

NJ - New Jersey	Lisa Allen, Plainfield, NJ Diane Grossi with EMR-Syndrome, East Hanover, NJ
NM - New Mexico	Lori Bagley, concerned individual with EMR-Syndrome, Albuquerque, NM
NY - New York	New Yorkers 4 Wired Tech, New York, NY
	New York City Alliance for Safe Technology, New York, NY
	Safe Tech Westchester, Ruth F. Moss, Westchester, NY EMR-Syndrome Alliance, Westchester, NY
	Amy Harlib, Concerned Citizen, New York, NY Fred P. Sinclair, Jr., Alfred, NY Kate Reese Hurd with EMR-Syndrome, Philmont, NY Gabriela Munoz with EMR-Syndrome, Carmel, NY Stephanie Stewart, LaGrangeville, NY Virginia Caswell with EMR-Syndrome, NYC (Stuyvesant Town), NY Barbara Stemke, New Paltz, Ulster County, NY Toby Stover, High Falls, NY
OH - Ohio	Craig McDowell, veteran, Rocky River, OH Erin McDowell, Registered Nurse, with EMR-Syndrome, Rocky River, OH, Southwestern Ohio for Responsible Technology (SWORT) Jennifer Manzler, Certified Health & Wellness Coach, Cincinnati, OH, SWORT Sean Polacik, Automation Control Systems Technician, OH Cristina Shonk, Cincinnati, OH
OR - Oregon	Oregon for Safer Technology, Ashland, OR Kelly Marcotulli with EMR-Syndrome, Ashland, OR The Soft Lights Foundation, Mark Baker, President, Beaverton, OR
PA - Pennsylvania	Pennsylvanians for Safe Technology, Donna DeSanto Ott PT DPT MS FMCHC, Founder & President, PA
	Southwest Pennsylvania for Safe Technology, Mount Pleasant, PA, Susan Jennings, MPA, BA, Founder (son has EMR-Syndrome)
	Jan Kiefer, Scottdale, PA
RI - Rhode Island	Rhode Island 4 Safe Tech, Sheila Resseger, M.A., Co-Founder, Cranston, RI
TN - Tennessee	Janet Taché, Hohenwald, TN
UT - Utah	Rosemarie Russell, member of The Women's State Legislative Council of Utah, Hurricane, UT
VA - Virginia	Virginians for Safe Technology, Jenny DeMarco, Communications Director, and Mary Bauer, retired radio frequency engineer, Fredericksburg, VA
	Charles Frohman, M.Ed, HIA, lobbyist, National Health Federation, Williamsburg, VA Linda M. Cifelli, retired Registered Nurse, Williamsburg, VA Grace Hilbert, with EMR-Syndrome, Annandale, VA
VT - Vermont	Martine Victor, Manchester, VT

WA – Washington	Citizen League Encouraging Awareness of Radiation, C.L.E.A.R., Mark Wahl Director, Langley, WA
WI - Wisconsin	Katrine Colton, with EMR-Syndrome, Sheboygan, WI Tracey Seymour, with EMR-Syndrome, Westfield, WI Carol Seibert, with EMR-Syndrome, Trevor, WI

Europe	**Filers**
Sweden	Eva Christina Andersson, E.U., Sweden